



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 2:42 pm, Feb 11, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

| | | |
|--|---------------------------|----------------------------------|
| ALCO SENSOR IV SN 030791 | PRINTER SN 84.9324.152 | DATE OF INSPECTION 02/11/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Hazelwood PD BAT VAN | | TIME OF INSPECTION 2:00 pm |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☐ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☐ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☐ PRINTER WORKING PROPERLY

☐ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☐ STANDARD SUPPLIER _____ LOT # _____ EXP. DATE _____

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☐ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ✖

TEST 2 ✖

TEST 3 ✖

☐ RFI DETECTOR OPERATING


INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|----------|---------|-----------|-----------|-----------|------------|
| REFUSALS | (0-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|----------|---------|-----------|-----------|-----------|------------|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

The instrument is current "Out of Service". Repairs needed.

INSPECTING OFFICER

| | |
|---|------------------------------------|
| SIGNATURE  | PRINT NAME Anthony T. Kristo |
| TYPE PERMIT NUMBER EXPIRATION DATE 230269, 11-26-2015 | TELEPHONE NUMBER (314) 838-5000 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

ANTHONY T KRISTO

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

NUMBER 230269

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 520-0771 (6-10)

LAB-4 (R6-10)

| | |
|--|---|
| | STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM |
| | INSTRUMENT OPERATOR CARD |
| <small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small> | |
| | |
| Operator KRISTO, ANTHONY Permit No 230269 Date Issued 11/26/2013 Date Expires 11/26/2015 | |